Case 19-18303-ABA Doc 62 Filed 09/21/22 Entered 09/21/22 07:56:21 Desc Main Document Page 1 of 7

Fill in this information to identify your case:					
Debtor 1	Cosmo F. Terrign	0			
	First Name	Middle Name	Last Name		
Debtor 2	Beatrice Terrigno	ı			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY			
Case number	19-18303				

Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	263,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	292,920.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	555,920.00
<sup>o</sup> ar	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	276,270.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,500.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	264,000.00
	Your total liabilities	\$	542,770.00
Par	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,347.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,120.00
<sup>o</sup> ar	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
,	■ Yes		

- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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Debtor 1 Cosmo F. Terrigno
Debtor 2 Beatrice Terrigno

Case number (if known) 19-18303

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$ 18,328.00

### 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	2,500.00

Fill in this information	to identify your case:	
Debtor 1	Cosmo F. Terrigno	
Debtor 2 (Spouse, if filing)	Beatrice Terrigno	
United States Bankrup	otcy Court for the: DISTRICT OF NEW JERSEY	
Case number [19]	-18303	Check if this is:  ■ An amended filing □ A supplement showing postpetition chapter
Official Form	ı 106l	13 income as of the following date:

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Francisco estatura	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Headmaster	Retired
	Include part-time, seasonal, or self-employed work.	Employer's name	Woodland Country Day School	
	Occupation may include student	Employer's address		
	or homemaker, if it applies.	Bridgeton, NJ 08302		
		How long employed the	here? 15 years	

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 11,985.00 1,340.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 11,985.00 1,340.00

Official Form 106I Schedule I: Your Income page 1

	otor 1 otor 2	Cosmo F. Terrigno Beatrice Terrigno	_	C	Case	number (if known)	19	9-18303		
	Cop	y line 4 here	4.		For	Debtor 1 11,985.00	1	For Debtor		
_						·				_
5.		all payroll deductions:	_		_					
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	4,068.40			222.00	_
	5b.	Mandatory contributions for retirement plans	5b		\$_	550.00		<b></b>	0.00	-
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c 5d		\$_ \$	590.00		\$ \$	0.00	_
	5u. 5e.	Insurance	5u 5e		\$ _	0.00 282.60		\$	0.00	_
	5f.	Domestic support obligations	5f.		\$-	0.00		\$	0.00	_
	5g.	Union dues	5g		<u>\$</u> _	360.00		<u> </u>	0.00	_
	5h.	Other deductions. Specify:	5h		\$	0.00	+ 5	\$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.		\$	5,851.00		\$	222.00	-
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	6,134.00		1,	,118.00	_
8.	8b. 8c. 8d. 8e.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security	8a 8b 8c 8d 8e	). ;. I.	\$	0.00 0.00 0.00 0.00 0.00		5 <u> </u>	0.00 0.00 0.00 0.00 0.00 634.00	- - -
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income		-	\$_ \$_	0.00		\$	0.00	-
	8h.	Other monthly income. Specify: Tax refund	8h		\$	0.00	+ 5	<b>5</b>	461.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	0.00	5	\$ 2	2,095.00	0
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		6,134.00 + \$		3,213.00	= \$	9,347.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		1			' -	-,
11.	Inclu othe	the all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives.  Into tinclude any amounts already included in lines 2-10 or amounts that are not cify:	depe			•		in Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							\$Combin	
13.	Do y ■	you expect an increase or decrease within the year after you file this form  No.  Yes. Explain:	?						monthl	y income

Official Form 106l Schedule I: Your Income page 2

EIII	in this inform	nation to identify yo	onic case.					
						0.		
Deb	tor 1	Cosmo F. Te	rrigno				k if this is: An amended filing	
Deb	tor 2	Beatrice Teri	riano			_	•	ving postpetition chapter
(Spo	ouse, if filing)	Double 1011					13 expenses as of	
Unit	ed States Bar	nkruptcy Court for the:	: DISTRI	CT OF NEW JERSEY		_	MM / DD / YYYY	
Cas	e number	19-18303						
(If kı	nown)							
Of	fficial F	orm 106J						
So	chedul	e J: Your I	Expen	ises				12/1
Be	as complet ormation. If	e and accurate as	possible.	If two married people ar ch another sheet to this				
Par		cribe Your House	hold					
1.		oint case?						
	□ No. Go			- ( -				
	_	oes Debtor 2 live i	ın a separa	ate nousenoid?				
		No Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debt	or 2.	
2.	Do you ha	ave dependents?	□ No					
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not sta	te the						□ No
	dependen				Child		24	■ Yes
								□ No
								☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
3.	•	xpenses include	hon	No				
	•	of people other the and your depender	- 11	Yes				
exp	imate your	f a date after the b	our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		ich assistance and		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
(Oil	ilciai Folili	1001.)						
4.		l or home owners and any rent for the		ses for your residence. I r lot.	nclude first mortgage	4. \$		2,600.00
	If not incl	uded in line 4:						
	4a. Rea	Il estate taxes				4a. \$		0.00
		perty, homeowner's	s, or renter	's insurance		4b. \$		0.00
		ne maintenance, re	•			4c. \$		300.00
5.		neowner's associat		dominium dues our residence, such as ho	me equity loops	4d. \$ 5. \$		0.00
J.	Auditiolid	ii iiioi iyaye payiile	onto for yo	our residence, such as no	me equity loans	υ. φ		0.00

ebtor 1 ebtor 2	Cosmo F. Terrigno	Casa num	har (if knaum)	19-18303
<del>c</del> biol Z	Beatrice Terrigno	case num	ber (if known)	13 10003
Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	500.00
6b.	Water, sewer, garbage collection	6b.	\$	45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	210.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies	7.	\$	900.00
Chil	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	250.00
Pers	sonal care products and services	10.	\$	250.00
Med	ical and dental expenses	11.	\$	75.00
	nsportation. Include gas, maintenance, bus or train fare.	40	¢.	575.00
	not include car payments.	12.	· .	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
	ritable contributions and religious donations	14.	\$	0.00
	Irance. not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	300.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	250.00
	Other insurance. Specify:	15d.	·	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Spec	cify:	16.	\$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a.	\$	400.00
	Car payments for Vehicle 2	17b.	· <u> </u>	0.00
	Other. Specify:	17c.	*	0.00
	Other. Specify:	— 17d.	·	0.00
	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
. Othe	er payments you make to support others who do not live with you.		\$	0.00
Spec	·	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho			
	Mortgages on other property	20a.	· -	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
Othe	er: Specify: Pet	21.	+\$	75.00
Disi	ney		+\$	190.00
Calc	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	7,120.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	7,120.00
Calc	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,347.00
	Copy your monthly expenses from line 22c above.	23b.		7,120.00
				- ,
23c.	Subtract your monthly expenses from your monthly income.			0 007 00
	The result is your monthly net income.	23c.	\$	2,227.00
For e	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?			ease or decrease because o
■ N				
$\square$	es Explain here:			

Fill in this information to identify your case:						
Debtor 1	Cosmo F. Terrigno					
Debtor 2	First Name  Beatrice Terrigno	Middle Name	Last Name			
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY				
Case number (if known) 19-18303						

■ Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have rethat they are true and correct.  X /s/ Cosmo F. Terrigno Cosmo F. Terrigno	ead the summary and schedules filed with this declaration and  X /s/ Beatrice Terrigno Beatrice Terrigno
Signature of Debtor 1	Signature of Debtor 2